ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Local Registrar's No. STANDARD CERTIFICATE OF BIRTH District or Township III birth occurred in a hospital or institution, give its NAME instead of street and number TERRO ( If child is not yet named, make 2. Full name of chil supplemental report, as directed. 3. Sex of Child To be answered ONLY 4. Twin, triplet or other ..... in event of plural 5. No., in order of birth of Lyan Month Year FATHER 14. MOTHER 9. Residence 15. Residence (Usual place of abode) Ratcher 0. (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 10 Color or race 16. Color or race White 11. Age at last birthday (Years) 17. Age at last birthday. 2. 9 12. Birthplace (city or place) ... 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry 20. Number of children of this mother..... 21. Were precautions taken against oph-(a) Born alive and now living.... thaimis neonatorum? (b) Born alive but now dead \_\_\_\_O (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was born always (Born alive or stillborn.) \*When there was no attending physician) Signature. or midwife, then the father, householder, etc., should make this return. A stillborn Lyclan mas child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report...... Month, day, year